

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>↓</i>		
O.I.P.E. CLASSIFIER		<i>12</i>	<i>10/26</i>
FORMALITY REVIEW	<i>Mar</i>	<i>1145</i>	<i>11/09/01</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11-17-03
2	✓	✓	6-21-03
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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50-53  
11/9